2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001307

1. Entity Name
S & L HUNTER SERVICES, INC.

FILED
Sep 21, 2000 8:00 am
Secretary of State
09-21-2000 90003 006 ***550.00

Principal Place of Business	Mailing Address
1150 49TH AVENUE VERO BEACH FL 32966	1150 49TH AVENUE VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 49 Ave	Box 651063
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach Fl	City & State: Vero Beach Fl
Zip: 32966 Country: USA	Zip: 32965 Country: USA

4. FEI Number 65-0973342 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNODGRESS, SHANE
1150 49TH AVENUE
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President, Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Shane K. Snodgress		NAME		
STREET ADDRESS	1150 49th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Vero Beach FL 32966		CITY-ST-ZIP		
TITLE	Vice President, Director	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Linda J. Snodgress		NAME		
STREET ADDRESS	1150 49th Avenue		STREET ADDRESS		
CITY-ST-ZIP	Vero Beach FL 32966		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 9/17/00 561-216-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P 06 00000 1367
D0087496

Hello;

This is our first year in business and there was some confusion about this bill. How do I apply for a reduced or waived penalty.

Sincerly
Shane Snodgrass